



National Environmental Leadership Award in Asthma Management

IMPACT DC

2006



Basic Information

IMPACT DC: Improving Pediatric Asthma Care in the District of Columbia

- ▶ Most patients referred from Children's National Medical Center (CNMC) Emergency Department (ED)
- ▶ Nearly 75% of IMPACT DC patients are on Medicaid
- ▶ Program expanded from a clinical research study to a fully institutionalized program within CNMC

The Asthma Management Program

IMPACT DC patients are primarily inner-city, minority, and disadvantaged children who rely on the ED for asthma care. Within two weeks of ED or hospital discharge for an asthma-related event, IMPACT DC schedules a clinic visit for the family within the familiar confines of the ED. An IMPACT DC counselor and physician assess the patient and provide tailored education and materials addressing both medical and environmental management of asthma. The patient is referred to their primary care physician or Medicaid managed care organization to provide long term care. IMPACT DC also builds community partnerships with school nurses and organizations to provide home visits, equipment (e.g., nebulizers and peak flow meters), smoking cessation education, tenant advocacy, and outreach.

Environmental Management of Asthma

IMPACT DC focuses on modifying the home environment of each clinic patient to address the relevant environmental triggers. Because most school age children spend greater than 10 hours a day in their bedrooms, IMPACT DC focuses on making the bedroom a "Safe Sleeping Zone," with the pillow as the center of the child's environment. Environmental smoke, mold, cockroach, and dust mite exposures are addressed.

Results Achieved

A randomized clinical trial showed significant improvements in the IMPACT DC group over the control group. At one month:

- ▶ Using a mattress pad or pillow cover (75% vs. 23%)
- ▶ Daily smoking in the home (4.4% vs. 9.9%)
- ▶ Using a written asthma action plan (62% vs. 40%)
- ▶ Using a spacer when taking medications by metered-dose inhaler (49% vs. 27%)

At six months:

- ▶ Unscheduled visits to urgent care or ED (1.4 visits vs. 2.3 visits)
- ▶ Daily use of inhaled corticosteroids (49% vs. 26%)

Lessons Learned

IMPACT DC began with the novel idea that the urban ED can and should be a proactive part of a successful community-based asthma care intervention. By leveraging families' familiarity and comfort with the urban ED, and by ensuring that follow-up care occurred in a timely manner, IMPACT DC exploited the "teachable moment" to the patients' ultimate benefit.

Getting Started

- ▶ Develop asthma care interventions that are appropriate to the patient's situation, can adjust to the patient's unique needs, and can be implemented by the patient's family.
- ▶ Search for and then capitalize on previously untapped opportunities for effective intervention.
- ▶ Conduct a pilot to prove the concept and make the case for institutionalizing the intervention.